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Bib Data Sheet

CONFIRMATION NO. 9828

<b>SERIAL NUMBER</b> 09/913,451	<b>FILING DATE</b> 08/14/2001 <b>RULE</b>	<b>CLASS</b> <del>370</del> 398	<b>GROUP ART UNIT</b> 2633	<b>ATTORNEY DOCKET NO.</b> P01.0271
<b>APPLICANTS</b> Detlef Stoll, Munchen, GERMANY; Patrick Leisching, Munchen, GERMANY; Harald Bock, Munchen, GERMANY; Hubert Jager, Pullach, GERMANY;				
<b>** CONTINUING DATA *****</b> <i>yes, DS</i> THIS APPLICATION IS A 371 OF PCT/DE00/00463 02/18/2000				
<b>** FOREIGN APPLICATIONS *****</b> <i>yes, DS</i> GERMANY 19906813.5 02/18/1999				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>David Singh</i> Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 29177				
<b>TITLE</b> Add-drop-multiplexer and optical wavelength division multiplex transmission system				
<b>FILING FEE RECEIVED</b> 860	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 913451	RECEIPT DATE:	08 / 14 / 01
IA NUMBER:	PCT/ DE00 / 00463	IA FILING DATE:	02 / 18 / 00
FAMILY NAME:	STOLL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	DETLEF	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 18 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P01.0271	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	026574	TELEPHONE 3122585600
			FAX 3122585600
NAME:	SCHIFF HARDIN & WAITE		
STREET:	6600 SEARS TOWER		
	233 S WACKER DR		
CITY:	CHICAGO		
STATE/COUNTRY:	IL	ZIP:	606066473
EMAIL:			
APPLICATION TITLES:			
	CONFIGURABLE ADD-DROP MULTIPLEXING DEVICE AND OPTICAL WAVELENGTH DIVIS		
	ION MULTIPLEX TRANSMISSION SYSTEM		

TAB TO LAST POSITION,PUSH SEND